



Community Rehabilitation Provider Vendor Application

Applicant Information

Agency Name:		TAX ID/FEIN/SSN:
Executive Director Contact:	Name	Primary Contact:*
	Title	
	Address	
	Telephone	
	TTY/Videophone	
	E-Mail	
Website:		

*The designated person will receive all Service Agreement related correspondence as well as receiving authorizations and referrals. DRS are not responsible for misdirected or lost correspondence as a result of failure to update this information.

E-Mail addresses for others that your agency would like to be added to the VR distribution list.		
Name	Title	E-Mail

Services

Please mark each service you propose to offer. In the Location column, enter the region to indicate the locations where those services will be available.

Service	Location
<input type="checkbox"/> Trial Work Experiences	
<input type="checkbox"/> Vocational Evaluation Services	
<input type="checkbox"/> Vocational Adjustment Services	
<input type="checkbox"/> Job Placement Services	
<input type="checkbox"/> Supported Employment Services	
<input type="checkbox"/> Special Services (Please identify) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	

Agency Information

What current and valid licenses, accreditations, or certifications does your organization have? (Attach a copy of your current licenses.)

Language

We have staff who are fluent in: <input type="checkbox"/> English	<input type="checkbox"/> Spanish
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Signature:

Printed Name	Signature	Date

REGION AND COUNTIES WHERE SERVICE WILL BE PROVIDED

Check all areas that apply:

☐ **Region 1**

Gracene.M.Hensley@tn.gov Amy.Rader@tn.gov

☐ Carter
☐ Cocke
☐ Grainger
☐ Greene
☐ Hamblen
☐ Hancock
☐ Hawkins
☐ Jefferson
☐ Johnson
☐ Sullivan
☐ Unicoi
☐ Washington

☐ **Region 2**

☐ Anderson
☐ Blount
☐ Campbell
☐ Claiborne
☐ Knox
☐ Loudon
☐ Monroe
☐ Morgan
☐ Roane
☐ Scott
☐ Sevier
☐ Union

☐ **Region 3**

Andrea.Bible@tn.gov

☐ Bledsoe
☐ Bradley
☐ Coffee
☐ Franklin
☐ Grundy
☐ Hamilton
☐ Marion
☐ McMinn
☐ Meigs
☐ Moore
☐ Polk
☐ Rhea
☐ Sequatchie

☐ **Region 4**

MaryJane.Ware@tn.gov

☐ Cannon
☐ Clay
☐ Cumberland
☐ DeKalb
☐ Fentress
☐ Jackson
☐ Macon
☐ Overton
☐ Pickett
☐ Putnam
☐ Smith
☐ Sumner
☐ Trousdale
☐ Van Buren
☐ Warren
☐ White

☐ **Region 5**

Diedra.Sawyer@tn.gov

☐ Davidson
☐ Robertson

☐ **Region 6**

Mary.Gordon@tn.gov

☐ Bedford
☐ Dickson
☐ Giles
☐ Hickman
☐ Lawrence
☐ Lincoln
☐ Marshall
☐ Maury
☐ Perry
☐ Rutherford
☐ Wayne
☐ Williamson

☐ **Region 7**

Linda.M.Randolph@tn.gov

☐ Chester
☐ Crockett
☐ Decatur
☐ Fayette
☐ Hardeman
☐ Hardin
☐ Haywood
☐ Henderson
☐ Lauderdale
☐ Madison
☐ McNairy
☐ Tipton

☐ **Region 8**

Virginia.Talley@tn.gov

☐ Benton
☐ Carroll
☐ Cheatham
☐ Dyer
☐ Gibson
☐ Henry
☐ Houston
☐ Humphreys
☐ Lake
☐ Montgomery
☐ Obion
☐ Wilson
☐ Stewart
☐ Weakley

☐ **Region 9**

Annyce.Luckett@tn.gov

☐ Shelby

☐ **Region 10 & 11**

Paula.Knisley@tn.gov

Services for the Blind &
Visually Impaired
Services for the Deaf
& Hard of Hearing

Provide address, phone number (s), and email of office location(s) where clients will be served. If you do not have an office, explain where you will meet clients and provide services. _____



IS YOUR APPLICATION COMPLETE?

☐ Signed and Dated CRP Vendor Application

☐ Attached Required Documentation

Documentation	TWE Trial Work Experiences	VE Vocational Evaluation Services	VAS Vocational Adjustment Services	JP Job Placement Services	SE Supported Employment Services
Signed and dated Letter of Agreement	X	X	X	X	X
Copy of Comprehensive General Liability Insurance (minimum of \$1,000,000)	X	X	X	X	X
Completed "Region and Counties where service will be provided" form	X	X	X	X	X
List of employees meeting qualification who will provide direct client services	X	X	X	X	X
Resume', credentials, certificate, training requirements of all employees who will provide direct client services	X	X	X	X	X
Minimum of three (3) letters of references	X	X	X	X	X
Statistical data documenting success in job placement and/or supported employment				X	X
Examples of Job Readiness, Vocational Adjustment Curriculum			X	X	
List of equipment used in assessments		X			
Proof of Background Checks on all staff who may have access to DRS clients	X	X	X	X	X
Proof of valid driver's license (those transporting clients)	X	X	X	X	X

Note: No CRP Vendor Application will be processed for review if all required documentation is not attached to the application.

Please submit completed application and attachments to Valerie Caldwell-Buford at Valerie.Caldwell-Buford@tn.gov and applicable Regional Supervisor(s)

For DRS Use Only

Date Received by DRS: _____

Approved: _____ Not Approved: _____ Sent back to CRP: _____

DRS Staff Signature: _____ Date: _____

Comments: _____
